

(R)



RECEIVED

APR 10 2018

CHIEF FINANCIAL OFFICE

Handwritten checkmark and "AIA MARK"

Handwritten "211-2"

MEMO

Inmate Name: Calvin Taskley TDOC Number: 90947
Institution: Nash Housing Unit: _____
Institution Grievance Number: 39194 TOMIS Grievance Number: 321368

Commissioner's Response and Reasons:

The Executive Assistant to the Chief Financial Officer has reviewed the grievance and:

☒ Concur with Warden ☐ Concur with Supervisor ☐ Concur with Committee

2-2-18
Date

David [Signature]
Assistant Commissioner of Prisons

TP-8

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TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Calvin Tankerly 90944 NWCX N11-2 39194
 NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee _____

Inmate Grievance Committee's Response and Reasons Deemed inappropriate per Policy #501.01
VI (IX1) - Already filed grievance on same or similar
incident.

12-11-17 [Signature] _____
 DATE CHAIRMAN MEMBER

_____ MEMBER _____ MEMBER _____ MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement _____

Action Taken: _____

DATE: 12-11-17 WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? X YES _____ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature] 90944 12-14-17 [Signature]
 GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): _____

_____ DATE _____ SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

EMERGENCY GRIEVANCE

EMERGENCY GRIEVANCE



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TENNESSEE DEPARTMENT OF CORRECTION

DEC 01 2017

INMATE GRIEVANCE

NWCX
GRIEVANCE OFFICE15-1 JWP
Watson

Calvin Tankesly

NAME

-90944-

NUMBER

NWCX 11-02

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: On 11--27--17 I was served hamberger patty. Aramark
has been informed on MULTIPLE OCCASIONS that meat patties [hamberger]

cause pain as I attempt to eat them without (Gravy, Mayonaise, Ketchup)

REQUESTED SOLUTION: To Comply with the Contract Continued on Page 2 of
with TDOC and provide me foods that I CAN EAT without pain and suffering,
at every meal.

Calvin Tankesly
 Signature of Grievant

11-28-17

Date

39194/321368

Grievance Number

TO BE COMPLETED BY GRIEVANCE CLERK

Activated:

12-5-17

Date Received

Smithy J. Walker
 Signature of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: _____

Chairperson's Response and Reason(s): _____

DATE: _____

CHAIRPERSON: _____

Do you wish to appeal this response?

YES

NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)

EMERGENCY GRIEVANCE

Continued from Page 1 of 2



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

RECEIVED
 NOV 01 2017
 NIMC
 GRIEVANCE OFFICE

DESCRIPTION OF PROBLEM:

On 11-27-17 "ANOTHER" Tooth Broke as I bit into the hamburger patty served to me for supper.

This is the THIRD [3rd] tooth broken since Aramark acquired the contract with TDOC and they have ben Informed of this MEDICAL Problem with my Diet and the necessity to COMPENSATE my diet.

Aramark has FAILED to Comply with their CONTRACT, and Policy 113.35 & Policy 116.01

Their compliance failure has and continues to cause me "Extreme Pain" and Suffering, and their knowledge of my MEDICAL Condition coupled with their Failure and/or REFUSAL to provide me proper nutrition is an act of Deliberate Indifference.

[Handwritten signature]
 11-28-17

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

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TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 12-5-17

Please respond to the attached grievance, indicating any action taken.

Date Due: Fri., Dec. 8th, 2017

39194

Grievance Number

Calvin Tankesly

Inmate Name

90944

Inmate Number

I have talked to you on ~~no~~ a number of occasions about your diet and I have been making sure my staff is following what is on your diet, which states that you can have hamburger patties.

SIGNATURE

12-7-17

DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner